

**DEPARTMENT OF MENTAL HEALTH, RETARDATION AND HOSPITALS
OFFICE OF FACILITIES AND PROGRAM STANDARDS AND LICENSURE**

**Barry Hall, Harrington Road
Cranston, Rhode Island 02920
462-6049**

INITIAL LICENSE APPLICATION
TO PROVIDE SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES

SUBMIT IN DUPLICATE

PART I.

DATE_____

1. Type of Initial Licensure Request: Residential____ Agency____
2. Agency Information
 - A) Name:_____
 - B) Address:_____
 - C) Executive Director:_____
 - D) Telephone Number:_____ Fax Number:_____
 - E) Type of Ownership: Individual____ Partnership____ Corporation____
 - F) Check One: Proprietary____ Charitable Institution (Non-Profit)____
 - G) List date of agency incorporation:_____
 - H) Attach a current listing of the Board of Directors which includes address, title and term of office for each member.
3. Proposed Facility Information
 - A) Name:_____
 - B) Address:_____
 - C) Telephone Number:_____ Fax Number:_____
 - D) Type of Facility: Group Home____
Habilitation/Rehabilitation Program____ Other _____
Capacity_____
4. Physical Plant
 - A) Name and Address of Owner:_____

 - B) Type of Building:_____

- C) Date and Type of Construction: _____
 - D) Number of Stories: _____
 - E) Number of Rooms: _____
 - F) Type of Zoning: _____
 - G) Has building been inspected by and approved under the proper fire code by the State Fire Marshal's Office:
Yes _____ No _____
 - H) If rented or leased, is owner willing to allow any necessary repairs or renovations to be made to the building to meet necessary life-safety requirements? Yes _____
_ No _____
 - I) If not, what is your alternative plan? _____
-
5. Is agency, facility or program licensed, certified or accredited by any other authority?
Yes _____ No _____
- A) If yes, by what authority and what type of license, accreditation or certification? _____

6. Has any application for a license, certification or accreditation ever been refused?
Yes _____ No _____
- If so, explain: _____

PART II:

NARRATIVE

1. Admission Requirements
 - A) Please describe your program's admission criteria, including any exclusion criteria, if appropriate.
2. Program
 - A) Please describe basic program - philosophy, goals, treatment modalities, program components, etc.
 - B) Describe staffing, including number and types of each position, and consultants hired or utilized.
 - C) If your program utilizes volunteer services, describe how these volunteers are utilized.
 - D) Attach written job descriptions for each position.

- E) Describe your program's staff training program, including orientation and schedule of in-service training.
 - F) Describe daily program schedule, including hours of operation and provision for emergency services.
 - G) Describe your program's criteria for client transition or dismissal from the program (discharge criteria).
 - H) Describe your program's system for follow-up of discharged clients.
 - I) Attach a copy of a sample client record.
3. Financial
- A) Describe funding sources and amounts for facility and facility sponsored programs. Include any fees charged to clients.
 - B) Attach proposed budget
 - E) List name and address of accountant.
4. Program Evaluation
- A) Describe proposed system for conducting:
 - 1. A program self-evaluation
 - 2. Staff evaluations

 SIGNATURE OF AGENCY EXECUTIVE DIRECTOR

Date _____

*** PLEASE SUBMIT 2 COMPLETE COPIES OF THIS APPLICATION AND ALL SUPPORTING DOCUMENTS TO:**

MICHAEL MCAFEE
 ACTING ADMINISTRATOR OF COMMUNITY SERVICES
 OFFICE OF FACILITIES AND PROGRAM STANDARDS AND LICENSURE
 DEPARTMENT OF MENTAL HEALTH, RETARDATION AND HOSPITALS
 BARRY HALL, 14 HARRINGTON ROAD
 CRANSTON, RHODE ISLAND 02920

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
 HEALTH, EDUCATION, AND WELFARE REGULATION UNDER
 TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

 (Name of Applicant) (hereinafter called the "applicant")

HEREBY AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education, and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THAT ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Dated: _____

(Applicant)

By _____
(President, Chairman of Board, or
comparable authorized official)

(Applicant's mailing address)